2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# H10128

FILED May 04, 2006 Secretary of State

Entity Name: GULF CORPORATION					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
3400 CORA SUITE 300 MIAMI, FL					
Current Ma	ailing Address	s:	New Mailing Address:	New Mailing Address:	
3400 CORA SUITE 300 MIAMI, FL					
FEI Number:	59-2413444	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
ALHAMBRA REGISTERED AGENTS, INC. 2 ALHAMBRA PLAZA, SUITE 1202 CORAL GABLES, FL 33145 US					
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.					
SIGNATURE: HUNTON & WILLIAMS				05/04/2006	
	Electroni	c Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D/VP () COOMER, JUAN 10437 BARRING LEESBURG, FL	STON COURT	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	BONILLA-MATHI	AVE., SUITE D-202	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	D/S () SAITCEVSKY, C 5821 S W 86 ST MIAMI, FL 3314	REET	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name:	D () MARTIN, GREGO	Delete DRY	Title: (Name:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: BONILLA-MATHE SALVADOR D/P 05/04/2006

5811 NORTH BAYSIDE DR.

MIAMI, FL 33101 US

Address:

City-St-Zip: